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ABSTRACT

This instructor's resource guide, one in a series of products from a project to develop an associate degree program for paraprofessional rural family health promoters, deals with conducting a health promotion seminar. Covered in the first section of the guide are the role of a health care promotion seminar in rural health promotional training, general objectives and recommendations for instructors, and references and suggested course texts. A series of unit overviews dealing with the following topics is provided: health, illness, and wellness; health hazard appraisals; self-directed change; facilitating change; health change agents; stress and illness; exercise and fitness; fitness programs; new eating patterns; patterns of misusing food, drugs, and alcohol; drug abstinence; and health behavior change. Each unit contains general and specific objectives; a topic outline; and seminar ideas, resource notes, and approaches and activities. Concluding the guide are a discussion of methods and materials for student evaluation and a description of other materials in the Family Home Health Training Program series. (MN)

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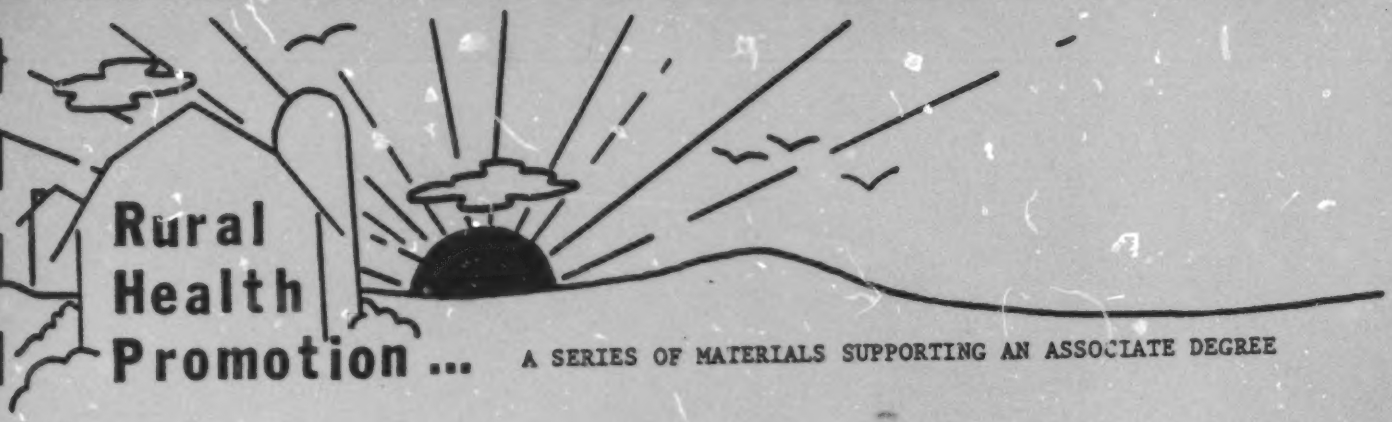

Rural Health Promotion ...

A SERIES OF MATERIALS SUPPORTING AN ASSOCIATE DEGREE

ED237714

APPENDIX TO
A FINAL REPORT ON THE
PARAPROFESSIONAL RURALLY ORIENTED
FAMILY HOME HEALTH TRAINING PROGRAM

an instructor resource guide for
teaching a course in

HEALTH PROMOTION SEMINAR

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AN INSTRUCTOR RESOURCE GUIDE
FOR TEACHING A COURSE IN

HEALTH PROMOTION SEMINAR

Part of a Series of Materials Developed to Support
an Associate Degree in Rural Health Promotion

developed for
THE U. S. DEPARTMENT OF EDUCATION
OFFICE OF VOCATIONAL AND ADULT EDUCATION

developed by
THE PARAPROFESSIONAL RURALLY ORIENTED FAMILY HOME HEALTH
TRAINING PROGRAM
THE DIVISION OF NATURAL SCIENCES
THE BAPTIST COLLEGE AT CHARLESTON
CHARLESTON, SOUTH CAROLINA

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1983

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INTRODUCTION

RURAL HEALTH PROMOTION -
Definitions and Assumptions

The Associate Degree in Rural Health Promotion was developed out of concern for the health status of Americans in rural areas. Behind the development of such a paraprofessional degree lie certain definitions and assumptions about rural areas and the health problems they face. It is therefore appropriate to delineate some terms and concepts before describing the degree and its components in more detail. While this discussion will not attempt to comprehen ively document the changing perceptions of rural issues, it summarizes the development of "mind-sets" which undergird the development of this project.

Probably the most difficult definition to make is of the term "rural". While we can easily quote dictionary definitions, there are important intrinsic and extrinsic connotations to the word "rural" which also need to be explored. The term rural carries with it tacit assumptions about population density, types of employment, character and structure of population centers, as well as the values and outlooks of the citizens. For example, RURAL is seen as:

country, not city
provincial, limited in perspective
unsophisticated
rustic
simple, leisurely paced life
religious
agricultural

William H. Friedland, in an article in The Journal of

Rural Sociology in 1982, suggests that if we base our definition of rural on the concept of this type of homogeneous culture, then we will find few rural areas left in the United States. This country has seen the development of an urban - rural continuum in terms of population densities which blurs any clear cut geographical definition, producing "fringe" areas with combination characteristics. So called "reverse" migration to lower density areas, as well as the effects of modern news and entertainment media, have resulted in "country" communities where many of the basic conditions of urban life are reproduced - culture, food, commodities, interests, etc.

These views of the changing character of rural populations are upheld by other studies in a variety of fields. Farms have become agribusinesses, with even small farms showing the impact of technological advances. Farm "managers" show the same life style illnesses of stress and overload as do urban managers. More importantly, while three out of five country residents in 1920 were engaged in farming, by 1970 this had changed to only one out of five - and is still dropping. Of the populations in rural areas, 24% of the whites and 11% of the blacks were recent arrivals - coming originally from urban areas. Yet total rural population size has changed little since 1920, while urban populations have often tripled.

Even population size definitions for "rural" vary from expert to expert. The Encyclopedia Britannica (1975 ed.) defines U.S. rural populations by default - by saying "rural" is "not urban", and "urban" means places of 2,500 or more and their fringes. A dictionary definition gives rural as "areas with less than 1,500 population". Obviously, the area's size as well as its population should be considered.

In the United States, 25% of the population lives on 90% of the land. For these "rural" areas, density varies from 200 per square mile near cities to one per ten square miles in the western mountains. In addition to density differences,the midwestern rural resident is still most likely to be involved in agriculture, the Appalachian rural populations organize their lives around the mining industries, and ,in the Carolinas, rural populations often include high percentages of textile workers.

What characteristics DO occur consistently in rural areas? While individuals and special sub-populations may defy these trends, rural populations do seem to have:

* twice the poverty rate as cities
* more under and unemployed adults
* lower educational status
* higher percentages of children, elderly, and poor

The last item on the preceding list leads us into the specific health problems of the U.S. rural resident, for all three sub-populations - children, the elderly, and the poor - have more health needs than the average citizen. However, once again the specific health needs of rural areas are somewhat inconsistent with our preconceptions. While we picture the "country life" as leading to healthy longevity, the rural populations of America have more activity limiting chronic health conditions than do urban populations. Regardless of our vision of country life as providing healthier air, diets, and activity, rural citizens suffer from more heart conditions, more arthritis, more mental illness, more high blood pressure, and more visual impairment. Infant mortality rates are higher, alcohol use and the resultant drinking and driving mortalities are severe problems. In other words, the health issues associated with life style are more predominant in the country than in our "high pressure,

polluted, unhealthy" cities.

These, and other health problems of the rural areas of our country, are made more distressing by the realities of non-urban health care. The following figures, taken from the report on Health Care in Rural America (U.S. Dept. of Agriculture Bulletin 428), show how rural areas provide for health care:

area type	medical personnel per 100,000 population
metropolitan	157
non-metro.	71
rural (near urban)	35
rural (far from urban)	37

The problem is not with acute care - hospitals are often equally accessible to the urban dweller, the suburban dweller and the rural resident (at least in terms of access time - "from my house to seeing the doctor"). It is precisely the type of life style oriented services, focusing on chronic and preventative care, which are needed by the rural resident which are not available. This is an age - old problem; as Hippocrates said, " Healing is a matter of time, but it is sometimes also a matter of opportunity."

Certainly one way of approaching these problems is to increase the numbers of traditional health professionals who serve rural areas. This has proved to be easier said than done; physicians and nurses are costly to train and costly to support, if not for the area they serve then for society as a whole. Moreover, the U.S. Surgeon General's Report on Healthy People states that major gains in the health status of Americans in general will not be made by increasing access to traditional treatment alone, but will also require enhanced emphasis on promotion of disease

preventative life styles.

In this same vein, but focused on the needs of rural areas in particular, the Health Care in Rural America report suggests that communities train residents to serve as paraprofessionals in health care provision, from EMS(Emergency Medical Technician) services, to basic first aid, and on to health promotion and health education. Eva J. Salber and her co-workers in North Carolina addressed these needs by exploring the usefulness of "health facilitators" or "lay advisors". Their project sought to "promote good health and prevent illness rather than concentrating on the cure of illness alone" by using lay members of a community who have received "training in promotive health practices, prevention of disease, in early recognition of illness together with first aid measures."

In A Sociology of Health by Andrew C. Twaddle and Richard M. Hessler, the authors state that "...of all the strategies for improving medical care for the (rural) poor, the substantial increase in new nonphysician medical manpower is possibly the most important innovation..." Even in the areas of mental health (as discussed in Mental Health of Rural America ,NIMH and The Nonprofessional Revolution in Mental Health by Francine Sobey) paraprofessionals from rural communities have been used effectively. Part of the introduction to Sobey's book comments, "Nonprofessionals are utilized not simply because professional manpower is unavailable but rather to provide new services in innovative ways."

Although most of the training for such paraprofessionals, in both the mental and physical health areas, began as informal training programs, in both cases expanded programs soon became important. Twaddel and Hessler discuss the problem of insufficient training, both

in terms of its impact on lay workers' competency and acceptance by existing professional care givers, as well as the impact on upward or outward mobility. They quote one paraprofessional as saying "I don 't have a degree, so if I left here I may have to go ... back to business machines. I don't really feel secure. If something happens you have to try and get a job. You should at least get an associates degree in college." Nevertheless, Twaddel ends the section on Community Health Workers with these thoughts, " ...the seed has been planted for changes in health manpower. If health care is to be made available to all as a right on the order of public education, then change must occur...The community health worker program has provided a model for the creation of a new occupational hierarchy."

These then are the components which shaped the development of the Associate of Natural Sciences in Rural Health Promotion:

1. the realities and myths of rural existence
2. the need for enhanced health care in rural areas based on chronic life style illnesses and on-going inadequate numbers of treatment professionals
3. the perceived and experienced strength of utilizing community paraprofessionals
4. the training insufficiencies defined by both professionals and the paraprofessionals themselves

The next sections summarize the specific philosophies and content of the Associate Degree in Health Promotion, followed by suggested uses, and then detailed course content. For other published materials on this project, please refer to the Supplementary Materials at the end of the course materials.

AN ASSOCIATE DEGREE IN
RURAL HEALTH PROMOTION

As an innovative approach to meeting the health needs of rural America, the Rural Health Promotion Associate Degree has been developed by the Baptist College at Charleston under Contract No. 300-81-0436 with the U. S. Department of Education, Office of Vocational and Adult Education. The curriculum and special courses developed under this contract do not reflect ideas that are new to health. Instead, they draw upon several maturing concepts: health promotion, paraprofessional preparation, and holistic principles. These concepts have been used to develop an integrated, state of the art, approach to personal and community health enhancement--the paraprofessional degree in health promotion.

First, the program represents the movement toward health promotion, as an equal partner with treatment, in improving the health status of Americans. The 1979 U. S. Surgeon General's Report on Healthy People explored in great detail the role health promotion and disease prevention will play in further expansion of the Nation's health care system. The American Rural Health Newsletter (April 1983), in looking at "Rural Health Care at the Crossroad", points out "the public's desire for comprehensive health and its growing interest in health promotion."

Secondly, this program reflects an increasing awareness of the usefulness of paraprofessionals in expanding the impact of health care systems. Health promotion is one of the few areas of health services which is relying more on "people power" than on sophisticated technology. Since the goals of health promotion always includes the empowerment of the individual to make decisions about his own health habits and environment, the use of paraprofessionals is particularly appropriate. Working under the guidance of treatment, health education, and public health specialists, the paraprofessional can extend the reach of existing health promotion programs in a variety of settings from medicine and psychology to industry and religion. In the introduction to The Nonprofessional Revolution in Mental Health (Sobey, 1970) Frank Riessman points out that

"Nonprofessionals are utilized not simply because professional manpower is unavailable but rather to provide new services in innovative ways... It is noteworthy that their main function has not been to relieve professional staff to tasks requiring less than professional expertise. The major finding is that nonprofessionals are being trained for new service functions and roles, in many cases roles that were not previously being played at all..."

The idea to use two year college programs to train such paraprofessionals is not new. The Mental Health of Rural America (Segal, 1973) evaluated projects which experimented with ways to meet rural mental health needs. The projects seen to have the greatest impact were two year college programs designed to prepare people to work as paraprofessionals in a wide range of community settings. The Rural Health Promotion Degree is different in the following respect. The two year program designed at the Baptist College reflects very specifically the current movement toward holistic principles of health. Rather than focusing preferentially on physical or mental health, the program provides formal educational experiences in studies relevant to the "whole" person.

The curriculum draws from a strong natural science base (33 credits) to build an understanding of both the biological and psychological aspects of human health. By including studies in religion and sociology, as well as written and spoken communication skills, it prepares the student for effective intervention in social and interpersonal settings. Then, to focus this basic knowledge on disease prevention/health promotion, the program includes specialized courses which provide understanding of health care organizations and issues, health promotion methods, fundamentals of paraprofessional care and a prevention/promotion practicum experience.

The Associate Degree in Rural Health Promotion was designed to fit comfortably into a traditional four year college's offerings or into any technical college which offers general Associate of Arts or Associate of Science degrees. At least one full year of the program is made up of courses which are commonly offered by psychology,

science, sociology, mathematics, English, and religion departments. The specialized courses related to health promotion and paraprofessional skills will often be useful to students in other disciplines who plan to work in settings which interface with health care providers. In addition, the degree's specialized content might be used to develop a minor in health promotion for baccalaureate students or to provide required courses to update existing allied health and related degrees.

The specific course content of the Associate Degree in Rural Health Promotion is listed in annotated form in the next section.

SUGGESTED ACADEMIC CONTENT

Listed below are those courses suggested as required to earn an Associate Degree in Rural Health Promotion. The courses marked with an asterisk (*) are those which were specifically designed for the Health Promotion degree and are available as part of this set of materials. Whole prerequisites are not noted here for the specialized courses, specific prerequisites are in the detailed materials overviewing each course in the series.

English Composition and Rhetoric: Courses designed to improve students ability to express themselves accurately and effective in writing. (6 credits)

*Interpersonal Communication-Techniques and Styles: This course will teach techniques of good interpersonal communication include specific skills in listening, decision making, observation, assessment, interviewing, and group process. It will explore the effect of individual attitudes and beliefs on communication as well as cultural characteristics of communication and barriers to communication. (3 credits)

General College Mathematics: A course in general math skills with an emphasis on application. (3 credits) Or a more advanced course.

General Psychology: An introduction to concepts underlying the understinding of behavior. (3 credits)

Human Growth and Development: An overview of human development psychologically for conception through senescence, with an emphasis through adolescence. (3 credits)

Psychology of Adulthood and Aging: A study of development during adulthood. (3 credits)

Principles of Sociology: A focus on the ways sociology provides understanding of group behavior and human relations. (3 credits)

Introduction to Community Services: Introducing the organization, methods, settings of community social services. (3 credits)

Survey of New Testament: The content of the new testament. (3 credits) OR

Introduction to Group Dynamics: Religious and psychological principles applied to interpersonal relationships and group functions. (3 credits)

Anatomy/Physiology: A study of human structure and function with emphasis on the body systems. (4 credits)

Microbiology: Study of micro-organisms with emphasis on normal and pathological conditions in man and environment. (4 credits)

*Epidemiology: A study of the inter-relationship among organisms, the environment, and man. The course develops an understanding of the history of disease, their signs, symptons, and prevention. It provides a working knowledge of the terms; morbidity, mortality, acute disease, and chronic disease. Basic data are presented concerning the application of demographics, community health care, and the epidemiologic study of the causal factors of disease. (3 credits)

Nutrition: Concepts of human nutrition applied to health and disease, world hunger, and personal nutrition. (3 credits)

*Concepts of Chemistry: Key principles needed in allied health and liberal arts. (4 credits)

*Health Care Organization and Issues: The purpose, functions, and administration of community health care services, public and private. A study of issues affecting health care utilization and delivery; consumerism, ethical issues, and future technology. (3 credits)

*Health Promotion Seminar: A cognitive presentation of the major areas of emphasis for health promotion - exercise, concern over what we put into our bodies (foods, alcohol, tobacco, and other drugs), and living in high stress environments--and concommitant presentation of the major techniques of personal responsibility and personal change. The course requires application of these concepts to develop experiential knowledge in behavior change. It will also develop critical consideration of emerging health promotion ideas in both professional sources and the popular media. (1 credit)

*Fundamentals of Paraprofessional Care I and II: Development and application of knowledge and paraprofessional skills in physical care, emotional support, personal hygiene, and safety/first aid. Acute and chronic conditions will be covered. Working knowledge of medical terminology and consumer oriented pharmacology. Laboratory experiences complement the lectures and include certification in Cardiopulmonary Resuscitation. (8 credits)

*Practicum in Health Promotion: Application of classroom knowledge in community based programs related to health promotion/ disease prevention. During the first two weeks of the Semester and the last week of the Semester, this calss will meet 3 hours per week on campus to structure the students' practical experiences and discuss class assignments and requirements. The remainder of the semester the course will consist of 9-12 hours/week of experience in a community based program and one class meeting per week on campus. (3 credits)

Electives (3-6 credits); Electives are suggested from sociology, especially in the area of social institutions or rural concerns, and in health and physical education, especially in the area of fitness and aerobics and recreational exercise.

USING THESE MATERIALS IN TEACHING RURAL HEALTH PROMOTION

The Rural Health Promotion project materials include the seven course modules newly designed for this associate degree (see Suggested Academic Content), a project report, preliminary evaluation reports for both concept and courses, and a series of Focus Guides for use with existing care courses. Although designed to be used as a two year associate degree curriculum in a college setting, the individual courses can be used separately as they fit other academic needs.

All of the courses in this series were developed in a regular semester format for students who meet general admissions requirements for a four year college. It may be that a paraprofessional program such as Rural Health Promotion will attract students whose high school preparation has been less academic than traditional four year students. However, we feel it is preferable to meet any such deficiencies as they arise using, existing college resources, rather than to structure the program and course content at a lower level. One specific reason for this is based in the nature of the activity for which these students are being prepared.

The health promotion paraprofessionals will need to function in their communities in a median position between the professional health care providers and lay recipients of such care. The credibility with which they function will be based in part on their ability to communicate with, and value the standards and expectations of, people on both ends of this care continuum. Interactions with the professional community may be tenuous at best in some settings. The existance of "watered down" courses in the program could contribute to a perception of the paraprofessional as "amateur." Indeed, other paraprofessional roles--such as the paramedics--have been effected by this attitude. Even nursing, now a profession in its own right, was once seen as "wasting our time educating a group of semi-professionals." (Jensen's History and Trends of Professional Nursing)

A second reason for dealing with deficiencies outside of this program is to clearly integrate the program academically into the parent institution, rather than having it exist with a separate

level of expectations. Finally, students who have clearly and directly faced their own learning deficits should be better prepared to relate to the lay end of the professional-lay continuum with understanding and compassion.

It is expected that these courses may merely be a first approximation of what is needed in some academic settings. Each course includes state-of-the-art material at the time it was written and edited, including references and suggested support materials. Yet, health promotion is a rapidly growing field where excellent new materials are developing daily. We feel the objectives, concept outlines, and supplementary materials can be used either as specific delineation of a course or as general core concerns to be fleshed out according to other professional interests and directions.

Reports on the development of the curriculum for the Associate of Natural Sciences in Rural Health Promotion and the proto-type field testing and evaluation of both concept and courses are also available as part of this series of materials. The project report components may be useful for health education designers or administrators or for service providers as they plan directions in training and community services for the last part of the Twentieth Century. Even if this degree has only limited implementation, we feel the ideas and directions addressed in the project overall and in the courses specifically can serve as stimuli for discussion and decision making in a society with changing ideas of health, health care, and responsibility for health.

Finally, the Rural Health Focus Guides were developed to direct the thoughts of teachers in core areas (such as English, mathematics, sociology, etc.) without re-writing existing courses. These materials are listed separately in the Supplementary Materials section and may be interesting for educators who are concerned or curious about the interface between their area of expertise and changing concepts of community and personal health.

SPECIFIC COURSE MATERIALS
FOR
HEALTH PROMOTION SEMINAR

The Role of HEALTH PROMOTION SEMINAR
in the Rural Health Promotion Curriculum

The last part of this century has seen a significant shift in U.S. patterns of mortality and morbidity. Today, over 75% of all deaths result from illnesses or conditions clearly related, at least in part, to life style. While improvements in health and life span in the first half of the twentieth century have resulted primarily from improved treatment and prevention of infectious diseases, the next "revolution" which will enhance the quality of health is expected to come from the promotion of healthier life styles - with a focus on the individual and those factors which influence the chosen behaviors of the individual.

The synergistic interaction of life-style elements means that health promotion efforts cut across and link apparently diverse areas of illness. The major death and disability issues share many common causes and interactive exacerbating factors:

* exercise
* concern over what we put into our body in the form of foods, alcohol, and other drugs
* living in high stress environments

The 1979 U.S. Surgeon General's report on Healthy People identifies these common causes as risk factors to be trageted in the 1980's. These same factors transcend the variety of settings which help to shape the attitudes and actions of individuals - settings including the work place, the family, the schools, the society as a whole.

Thus the health promotion paraprofessional will also need to be able to put together knowledge of a variety of academic areas with skills in the facilitation of behavior change.

The Rural Health Promotion Associate Degree program provides the student with many foundation courses from which the issues and skills of health promotion are drawn - biology, psychology, written and oral communication, paraprofessional skills. However, actual behavior change has been shown to depend very little on knowledge of general risk and very much on the dynamics of personal values, needs, and beliefs. Nonetheless, it is the tendency of both paraprofessionals and professionals alike to use factual material as their primary way of motivating others to change. The inappropriate use of scare tactics in prevention and promotion programs is an occupational hazard in health care. The Health Promotion Seminar is designed to counteract these tendencies by giving future health promotion paraprofessionals a personal experience in making positive changes in their own health habits. Since each class member will have an opportunity to analyze their own health status in a variety of areas and then to plan and implement personal interventions, the seminar provides a setting where the difficulty of making life-style changes can be discussed in a personalized manner. By giving specific attention to sources and types of success and failure, the course takes textbook level theory and shows its action in the real world.

The task of the seminar is one of taking cognitive information and personalizing it, thereby helping the students to internalize the problems of health promotion. Information and skills from the entire curriculum are used to discuss the origin, theory and application of techniques in community health promotion. Current issues

of health promotion will be discussed, common responses and approaches to health promotion in a variety of areas will be introduced and techniques of facilitation will be presented. Drawing from the background of the students in the class and from current lay interests, the seminar will involve participants in analysis and comparison of professional and lay literature in a variety of areas.

The role of this "laboratory" experience in health promotion is, like most laboratory courses, one of transition and internalization of knowledge and the development of skill. Transition from "book learning " to the "every day world" is important in avoiding disillusionment and frustration for the health promotion paraprofessional on the job. Such personal experiences with the ideas of the curriculum allows for understanding of the experiences of others and the difficulties they have in making changes to healthier life styles. Personal experiences in failure to change, backed up by open and understanding discussion of those experiences, helps the practicing health promotion facilitator to avoid counterproductive use of factual knowledge and trite and idealized advice when trying to help others learn to change.

The course does not aim to teach the planning skills or even provide comprehensive training in very many techniques of prevention and promotion. The role of the paraprofessional is not an administrative one; rather it prepares the student for later learning in a variety of areas by illustrating for them the common element in the many fields of health promotion - the common element of human resistance to change.

GENERAL OBJECTIVES FOR
A COURSE IN
HEALTH PROMOTION SEMINAR

Brief catalog discription: Health Promotion Seminar-- 1 semester hour

A cognitive presentation of the major areas of emphasis for health promotion - exercise, concern over what we put into our bodies (foods, alcohol, tabacco, and other drugs), and living in high stress environments--and concommitant presentation of the major techniques of personal responsibility and personal change. The course requires application of these concepts to develop experientail knowledge in behavior change. It will also develop critical consideration of emerging health promotion ideas in both professional sources and the popular media.

Objectives:

Unit I. *At the completion of this unit the student will be able to compare and contrast definitions of health, illness, and wellness with an emphasis on the focus and methods of health promotion and illness treatment.*

Unit II. *At the completion of this unit the student will have used several different life style assessment instruments, will be able to identify the common characteristics of health appraisals and will be able to discuss the different types of approaches available.*

Unit III. *At the completion of this unit the student will be able to describe two structured methods for approaching changes of personal health habits: behavior change contracting and one other; and apply these methods to a personal example.*

Unit IV. *At the completion of this unit the student will be able to analyze personal behaviors and behavior change using force field analysis and the health belief model and illustrate the lack of effectiveness of factural material alone in changing behavior.*

Unit V. *At the completion of this unit the student will be able to apply force field analysis to the dynamics of change and resistance to change in the home, the school, and the work place; the student will be able to describe methods for promoting health changes in human systems and institutions.*

Unit VI. *At the completion of this unit the student will be able to describe the effects of stress on health and performance, both short and long term.*

Unit VII. *At the completion of this unit the student will be able to outline a variety of methods - physical, mental, emotion, social - for responding to or intervening in stress.*

Unit VIII. *At the completion of this unit the student will be able to describe and demonstrate specific techniques of stress intervention using breathing, stretching muscle relaxation, and imagery.*

Unit IX. *At the completion of this unit the student will be able describe the major health issues related to exercise and physical fitness, including goals of stamina, strength, flexibility.*

Unit X. *At the completion of this unit the student will be able to discuss the issues around starting an aerobic exercise program with particular emphasis on target heart rates, warm up/cool down times, physical clearance, and safety factors.*

Unit XI. *At the completion of this unit the student should be able to discuss how dietary habits effect health, major trends in diet, and approaches to dietary changes.*

Unit XII. *At the completion of this unit the student will be able to apply force field analysis and the health belief model to overuse of foods, alcohol and legal drugs, detailing the aspects supporting overuse and suggesting conteracting alternatives.*

Unit XIII. *At the completion of this unit the student will be able to overview the dynamics of physical, psychological, and pshchosocial additions as well as major program directions in alcohol/drug treatment and smoking cessation.*

Unit XIV. *At the completion of this unit the student will be able to analyze the behavior change mechanisms implicit or explicit in a recent health oriented book or series or articles and contrast them to the concepts of health promotion included in the seminar.*

GENERAL RECOMMENDATIONS FOR THE INSTRUCTOR

This course in Health Promotion is designed as a seminar course, meeting for one laboratory period (2 to 3 hours) per week for a 14 - 15 week semester. As a seminar/lab type course, it is intended to involve the students in activities and discussions which teach skills and raise issues of major importance to implementing health promotion personally or in facilitating health promotion for others.

The content of the seminar is divided into 14 segments, each corresponding to one week's emphasis in class and associated out-of-class reading and activities. Pertinent references, including those recommended for purchase by the students, are listed in the following section of this instructor guide. However, as a seminar course, the content is important primarily to provide raw material for skill practice and for discussion. Content can be provided through student readings, instructor (or guest) lecture segments, handouts, or student reports. It is important that the student's have <u>access</u> to, at the minimum, the materials listed in the references section. This access can be through student purchase, in library or instructor collections, or through some other innovative method. As future paraprofessionals in the area of health promotion, the students could easily justify their own personal acquisition of the references given since all are of value to the focus and function of health promotion.

The intention of this seminar is to pull together the other elements of the Associate Degree in Health Promotion as they relate to the most current trends in community and personal health enhancement. Since the primary learning for the students is expected to occur during personal consideration of and experience in the major areas of

health promotion, the role of the instructor is two fold: to present state-of-the-art information about the directions and methods of health promotion, drawing from the listed references as well as more current sources; and to facilitate the process of understanding and integration by promoting open and searching discussion and by linking the students to sources of information beyond the classroom-college setting. In addition to the goal of internalization of principles and practices, the seminar should regularly consider the need for clear analysis of new ideas in health promotion as they appear. Health promotion is a popular concept with new books and articles appearing regularly. Students must learn to critically consider emerging health promotion ideas, not only from professional sources, but in the popular media as well.

Each week's emphasis overview includes a general objective, a set of specific objectives which all together act to produce the general objective, and a content outline indicating the material to be covered. It is assumed the instructor will need to decide whether to require certain "texts" for the seminar and how to assign readings from those and other available materials. References are given for each week which cite valuable sources presenting the topic to be considered.

Each instructor will have to decide where they wish to include such things as special student reports, focus lectures, guest speakers, etc. Certainly student presentations in the class, as well as written student projects, are appropriate not only as input into the discussion but also as methods for student evaluation. When used as input for the class, student reports, summaries, reviews and outlines can be typed on duplicator mats and copied off for all participants in the seminar, thus removing the need for purchasing all of the

references listed.

In addition to the suggestion to use such student input into the seminar in as a component of student evaluation, notes on suggested testing procedures are included in the Supplementary Materials section.

The content outlines and objectives could be used not only as lecture references for the instructor but could also be distributed to students as overview and review aids. Sometimes the material detailed in the content overviews is first a review and then an extension of material covered in preceding courses in this program, e.g. chemistry, microbiology, anatomy and physiology, epidemiology, nutrition, interpersonal communications, human growth and development, psychology, and psychology of adulthood and aging. Since this program is a paraprofessional program, and since the students have chosen an associate degree over other related bachelors degrees, we assume that this overlap is necessary and positive.

While the specific content of this seminar is not optional, it may be appropriate to restructure the course slightly to adequately cover newly emerging emphases in the professional or lay arena. At the time of the design of this course, a vital and emerging area of health promotion was the workplace. The topics covered in the content are all suggested to be related to some extent to this specialized site for promotion activities. It is in this manner that the seminar needs to be constantly modified to prevent its content from rapidly becoming out of date.

The use of audio visual aids and other instructional enhancements may also be appropriate; no specific recommendations are made since new materials and methodologies are appearing on the market faster than our

recommendations could be published.

One approach to presenting the cognitive base of the seminar, maintaining its state-of-the-art flavor, and introducing the students to actual providers of health promotion services is to use outside speakers. The following guidelines are suggested for using outside speakers, based on the author's personal experiences in providing community health education talks over the past decade.

Speakers Visiting the Classroom : Health care professionals seldom have public speaking as one of their required duties, but their professional goals tend to make them willing to take on these extra tasks. Be sure to arrange things as far in advance as possible; even organizations with speakers bureaus will do a better job for you if you give them time to locate their best speaker in your interest area. While you need to be specific about the content which will most enhance your classroom goals, you will also need to respect the needs and realities of the speakers themselves.

Outside speakers will provide better services if you give them content and format guideline. One suggested approach to getting personalized service is to provide each speaker with the general objectives of your course, the "Role of ..." section from this instructors' guide, and a set of questions or topics you'd like them to cover. Specify if you wish them to be prepared to answer questions. With budgets in health care being limited, it would be helpful if you offer to reproduce any handouts they might need. Be sure to tell them how long they can speak, the exact time you will turn the class over to them, and the exact time the class period ends. Give you speaker an idea, preferably in writing of what you have told your students to expect, of the class's background in

the subject, and of material which will be covered by any speakers prececeding or following them in the semester. Obviously all such background material needs to be delivered to the speaker at least a week prior to their scheduled visit with your class.

Since speakers often come to your class in addition to their regular duties, it is not inappropriate to take them to lunch or give them a small token of your appreciation. A formal letter of recognition, highlighting the positive aspects of their visit, should be sent to them and/or their supervisor after their talk.

REFERENCES

Recommended Textbooks

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Cooper, Kenneth. THE NEW AEROBICS. Bantum Books. 1970.

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EXCERISE. Bellevue, Ohio. Medical Datamation. 1976

Farquhar, John. THE AMERICAN WAY OF LIFE NEED NOT BE HAZARDOUS TO YOUR HEALTH. W.W. Norton Co. 1978.

Ferguson, Marilyn. THE ACQUARIAN CONSPIRACY. New York. Houghton Mifflin Company. 1976.

Ferguson, Tom. MEDICAL SELF CARE: ACCESS TO HEALTH TOOLS. New York. Summit Books. 1980.

Girdano, Daniel and George Everly. CONTROLLING STRESS AND TENSION. Englewood Cliffs, NJ. Prentise Hall. 1979.

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Halper, Marilyn Snyder, PHYSICAL FITNESS: A PREVENTIVE MEDICINE INSTITUTE STRANG/CLINIC HEALTH ACTION PLAN. New York. Holt, inehart and Wilson. 1980.

Hamburg, David. HEALTHY PEOPLE: THE SURGEON GENERAL'S REPORT ON HEALTH PROMOTION AND DISEASE PREVENTION 1979. Washington DC. US Government Printing Office. 1979.

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HAVE A GOOD LIFE SERIES. Greenville, SC. Liberty Life Insurance Co. 1980(?).

HEALTH CRAPH. Kingston, RI. Health Services Health Education Department. 1980(?).

HEALTH HAZARDS. Bellevue, Ohio. Medical Datamation. 1976.

Recommended Textbooks Cont'd

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Johnson, G. Timothy and Stephen E. Goldfinger. THE HARVARD MEDICAL SCHOOL HEALTH LETTER BOOK. Hardvard University Press. 1981.

Lazes, Peter M. THE HANDBOOK OF HEALTH EDUCATION. Germantown, MD. Aspen Systems Corp. 1979.

McCany, John and James Presley. HUMAN LIFE-STYLING. Harper & Row Co. 1975.

Mero, Susan and Donna Foster Myer. "SOMETHING SPECIAL" STRESS MANAGEMENT. Columbia, SC. Commission Substance & Drug Abuse. 1983.

Miller, Eddie. FEEL BETTER, LOOK BETTER AND LIKE YOURSELF BETTER. Chicago, IL. Blue Shield Associations. 1980

Millman, Dan. WHOLE BODY FITNESS: TRAINING MIND, BODY AND SPRIT. New York. Clarkson N. Potter, Inc./Publishers. 1979.

Murray, Ruth Beckmann & Judith Proctor Zenter. NURSING ASSESSMENT & HEALTH PROMOTION THROUGHT THE LIFE SPAN. Englewood Cliffs, NJ. Prentice-Hall. 1979.

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PERSONAL WELLNESS PROFILE. Appleton, WI. Fraternalife Insurance. 1980(?).

Ratcliff, Lydia. HEALTH HAZARD APPRAISAL, CLUES FOR A HEALTHIER LIFSTYLE. Public Affairs Committee. 1978.

Schneider, Tom. EVERYBODY'S A WINNER. Covelo, CA. The Yolla Bolly Press. 1976.

Stephenit, Williams & Paul R. Torrens. INTRODUCTION TO HEALTH SERVICES. New York. John Wiley and Sons. 1980.

Vickery, Donald M. LIFE PLAN FOR YOUR HEALTH. Addison-Wesley Publishing Company. 1978.

Vickery, Donald M. & James F. Fries. TAKE CARE OF YOURSELF: A CONSUMER'S GUIDE TO MEDICAL CARE. Addison-Wesley Publishing Company. 1978.

UNIT OVERVIEWS
HEALTH PROMOTION SEMINAR

UNIT I

HEALTH/ILLNESS/WELLNESS

General Objective

At the completion of this unit the student will be able to compare and contrast definitions of health, illness, and wellness with an emphasis on the focus and methods of health promotion and illness treatment.

Specific Objectives

The student will be able to:

1. Draw the health - illness continuum and discuss the addition of wellness.

2. Discuss the definition of health in terms of illness, wellness in terms of optimum health, and Ardell's idea of "high level wellness."

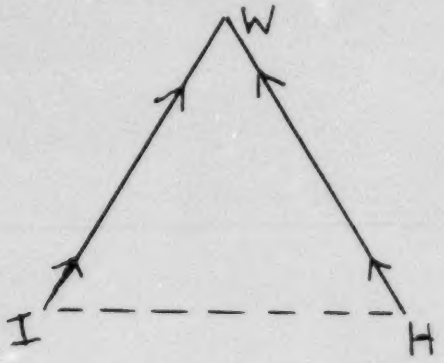
3. Describe the contrasted elements of the paradigms of illness and health from the Acquarian Conspiracy.

Topic Outline

I. health and illness
   A. the continuum:
      illness ----------health
      1. illness = symptoms, disfunction, disability
      2. health = absence of illness
   B. the paradigms of illness treatment and health promotion from Aquarian Conspiracy
      1. focus (organ,disease vs. holistic view of person)
      2. locus of control (treated by someone else vs. self responsibility)
      3. what is wrong and how to fix it vs. what are you doing right and what can change
      4. technology intensive vs. humanistic
      5. tools (drugs/surgery vs. education,personal change, social support, reinforcement)
      6. timing (episodic vs. ongoing way of life)

II. wellness - optimum health

A. Ardell, <u>High Level Wellness</u>
B. general philosophy
   1. the presence of something not the absence of something
   2. self actualization
   3. a "way of life" not a "state of being"
   4. "getting there" not the destination
C. where to put wellness on the illness----health continuum
   1. to right of health
      illness-------health------wellness
   2. <u>question</u> : Can a diabetic (with symptoms) or a blind person (with a disability) have or pursue wellness?
D. wellness is a different dimension....the continuum becomes a triangle



Seminar Ideas and Notes
Health/Illness/Wellness

Resources Notes:

The following resources are listed in detail in the References section of the Guide.

The Acquarian Conspiracy

High Level Wellness

Something Special Stress Management

Approach and Activities:

This session is a MODEL for how the series will proceed and for health education in general. Show that the students' ideas and comments are an important part of the content. Use discussion and group facilitation techniques to move toward a synthesis of the students' ideas and the defined content.

The specific structure of your seminar should be presented - in writing or verbally - including the reading assignments, type of evaluation, student responsibilities.

if you are using student presentations, special reports, or articles from the popular press, assignments need to made early in the semester.

Suggested methods-

brainstorming - where ideas are written down as mentioned without comment or censure and then discussed

use of diagrams, lecture type presentation of ideas from books and content outline

WELLNESS IS . . .

* knowing what your real needs are and how to get them met

* expressing emotions in ways that communicate what you are experiencing to other people

* acting assertively and not passively or aggressively

* enjoying your body by means of adequate nutrition, exercise, and physical awareness

* being engaged in projects that are meaningful to you and reflect your most important inner values

* knowing how to create and cultivate close relationships with others

* responding to challanges in life as opportunities to grow in strength and maturity, rather than feeling beset with "problems"

* creating the life you really want, rather than just reacting to what "seems to happen"

* relating to troublesome physical symptoms in ways that bring improvement n conditions as well as increased knowledge about yourself

8 enjoying a basic sense of well-being, even through times of adversity

* knowing your inner patterns - emotional and physical - and understanding "signals" your body gives you

* trusting that your own personal resources are your greatest strength for living and growing

* experiencing yourself as a WONDERFUL PERSON!

excerpted from:
the Wellness Workbook

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UNIT II

Health Hazard Appraisals

General Objective

At the completion of this unit the student will have used several different life style assessment instruments, will be able to identify the common characteristics of health appraisals and will be able to discuss the different types of approaches available.

Specific Objectives

The student will:

1. Explore the common elements in health risk and life style appraisal instruments by direct comparison of at least five (5) different types.

2. Fill out at least three (3) assessments themselves, score, compare, and discuss.

3. Be able to identify the different assumptions and measurement parameters in the areas of
   (a) alcohol use
   (b) seat belt use
   (c) exercise
   (d) any others

4. Discuss the Surgeon General's "Risks to Good Health" from Healthy People 1979.

Topic Outline

I. Health Hazard Appraisals -
   A. in each chapter of Farquhar, The American Way of Life
      Need Not Be Hazardous to Your Health
   B. Medical Self Care , "Lifestyle Assessment Questionnaire"
   C. Health Styles program

D. Liberty Life Insurance booklets
E. Public Affairs Pamphlet
F. Medical Datamation
G. Blue Cross/Blue Shield
H. others from the book: Health Risk Appraisals: an Inventory
Department of Health and Human Services

II. Similarities and differences
A. seat belts and other safety issues
B. Alcohol
1. one drink per day no problem
2. one drink per day an asset
3. one drink per day a problem
C. Sources of stress
1. environmental
2. personal life style/behavior
D. personal/family history

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Seminar Ideas and Notes
for emphasis on
Health Hazard Appraisals

Resource Notes:

Health hazard appraisals, life style assessments and the like are available from a variety of sources. Books on health promotion often have assessments, many companies are offering commercial instruments which they will evaluate using computer programs, and the pamphlet Health Risk Appraisals:An Inventory, put out by the Department of Health and Human Services, details many others which are self scoring or can be scored by hand.

Approach and Activities:

In addition to the activity of filling out self-scoring assessments and discussing them, it might be useful here for the class to have actual access to a computerized assessment. In addition to those listed below, you might contact your local Health Systems Agency, where assessments are often being used by Industrial Health Groups.

Confidential Health Profile
University of Florida
c/o Linda Moody, 3041 McCarty Hall
Gainsville, Fla. 32611; (904) 392-2202

Health 80's
Medical Datamation
Bellevue, Ohio (419) 483-6060

Health Hazard Appraisal: Automated Personal Risk Registry
Methodist Hospital, Prospective Medicine
Indianapolis, In (317) 924-8494

Health Risk Appraisal
Center for Disease Control
Center for Health Promotion and Education
Atlanta, Ga. (404) 329-4315

Health Risk Appraisal
University of California at San Francisco
Department of Epidemiology
San Francisco, Ca (415) 666-1158

Health Risk Assessment Questionnaire
Wisconsin Center for Health Risk Research
University of Wisconsin
Madison, Wi (608) 263-3010

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UNIT III

SELF-DIRECTED CHANGE

General Objective

At the completion of this unit the student will be able to describe two structured methods for approaching changes of personal health habits: behavior change contracting and one other; and apply these methods to a personal example.

Specific Objectives

The student will be able to:

1. List Farquhar's Six Steps for personal change and describe how to apply each.

2. Apply the Six step approach to their own lives.

3. List and discuss the parts of a personal behavior change contract, including sabotage (self, others) and specific measurability (of problem, of changes).

Topic Outline

I. Structured methods for change
   A. Farquhar, The American Way of Life Need Not Be Hazardous to Your Health
      1. identifying the problem
         a. self assessments
         b. medical data, physical indicators such as BP, Cholesterol, weight
      2. commitment to change
         a. confidence
         b. negative self monologs
         c. positive thinking
      3. behavioral awareness; record keeping
      4. action planning

a. defined, measurable goal
b. personal steps to take
c. helpers and self rewards
d. review, commitment
e. evaluation
f. maintenance

B. Mero & Myer, Something Special : personal contracts
1. affirmations -seeing yourself positively
2. defining and limiting the problem (what you don't like)
3. defining a measurable observable goal (where you're going)
4. criteria for success (how will you know when you get there)
5. steps to take (small, sequential, observable to self)
6. sabotage (how will I get in my own way) (how will others hinder me)
7. planning around sabotage
8. reinforcement and rewards
9. helpers, ownership, signature
10. evaluating and recontracting
11. maximum time of contract - 10 days to two weeks

C. in Medical Self Care , "Ten Guidelines for Developing A Personal Self-Care Plan"

D. others

Seminar Ideas and Notes
for
Self-Directed Change

Resource Notes:

The sources mentioned in the topic outline and listed below are given more completely in the References section of this Guide.

Farquhar, The American Way of Life Need Not Be Hazardous to Your Health

Mero and Myer, Something Special Stress Management

Ferguson, Medical Self Care

McCamy, Human Life Styling

Approaches and Activities:

Especially useful here is to actually do a self-contract and discuss Farquhar's 6 steps using a classroom example. Then use the same example for the "self talk" exercise in Farquhar. Affirmations, described in Mero and Myer, are also useful techniques to practice in class. Discussion is important to clarify these concepts - but it is not the purpose of this session to evaluate the techniques' effectiveness before they have even been tried. If nay class member is very negative "that will never work" it is a good time to turn the discussion to how expectations and negativeness effect self-change. Good examples can be drawn from people's success in sports or smoking cessation. Try to move the discussion to self-fulfilling prophecy and the effect of negative ideas on personal growth. Other ideas which can be woven in here are "the little train that could" philosophy and (from the Bible) "As a man thinkith, so shall he be." If students say that "You don't need all that, all you need to do is ..." (and here they may put "decide", or "do it" or "put it in God's hands") - it is never useful to disagree. Ask how that is accomplished; if necessary suggest that using several approaches is like using a safety net or having a 'back-up' plan.

The impact of this course is enhanced significantly if the the students are expected to apply the techniques they learn and talk about. Contracting is a must.

The first Self Contract to be written should be assigned during this third session and a specific due date given. Requiring the contract to be countersigned by another member of the class may be useful.

UNIT IV
FACILITATING CHANGE

General Objective

At the completion of this unit the student will be able to analyze personal behaviors and behavior change using force field analysis and the health belief model and illustrate the lack of effectiveness of factual material alone in changing behavior.

Specific Objectives

The student will be able to:

1. Draw a force field, correctly label the parts, and define the terms.

2. Block out a force field diagram for a real or hypothetical personal situation.

3. Describe the parts of the "health belief" model and illustrate it using a real or hypothetical situation.

4. Discuss the reasons factual material is often ignored, discounted, or disbelieved when making health decisions.

Topic Outline

I. Force field analysis
   A. define the current state and desired states (goal)
   B. place these in a force field by putting the current state in the center of a page and the desired state at the right side
      1. "forces" either maintain this relationship, move us toward the desired state, or move us further away
      2. forces can be people around us, our values, our needs, our philosophies, our life situation, what other people need from us, etc.
      3. forces that would move us toward our goal,

(if acting alone) are positive or "helping" forces.

4. forces that keep us from reaching the goal are negative or "hindering" forces
5. to produce positive movement - we must have more positive than negative forces

C. producing out of balance in the positive direction

1. add new helper forces
2. remove hindering forces
3. add counteracting forces to the hindering forces

D. what to do when family and friends are negative forces

generate examples from

1. diets
2. alcohol use
3. exercise

II. Health Belief Model (Larry Green)

A. Decisions are made based on a combination of

1. knowledge of the danger of a behavior
2. belief that these dangers are something we wish to avoid
   a. based on cultural background
   b. religion
   c. values
   d. past experience
3. belief that we are likely to experience the danger
   - "how at risk we feel"
   a. immediate effects
   b. long term
4. our experiences when engaging in the behavior - good or bad (i.e. does the behavior do something for us or meet some need?)
5. belief (perception) that there are viable alternative behaviors without danger that meet the same needs

Seminar Ideas and Notes
for
Facilitating Change

Resource Notes:

The force field analysis system is used in a number of books; it is well described in Mero and Myer Something Special

The Larry Green Model of health beliefs and how they effect our choice of behaviors is described in Introduction to Health Services p. 64.

Approaches and Activities:

The instructor can introduce the techniques of force field analysis or health belief modeling by lecture, handout, or student report.

The primary focus of this session is to learn the parts of these models, discuss them, and learn to use them. Both force fields and the health belief model can be used to expand the ideas and potential of contracting by exploring the less tangible supporting and hindering elements in our lives - values, culture, past experiences, life situations, the expectations of others, and the behavior of others. In addition, the health belief model and the force field analysis technique make clear the total lack of efficacy in relying on factual data alone to change behavior. This should be made part of the discussion; a good common example that shows how information is unused, twisted, disbelieved or ignored is the use of seat belts. This makes an excellent topic for discussion and consideration.

UNIT V
HEALTH CHANGE AGENTS

General Objective

At the completion of this unit the student will be able to apply force field analysis to the dynamics of change and resistance to change in the home, the school, and the work place; the student will be able to describe methods for promoting health changes in human systems and institutions.

Specific Objectives

The student will be able to:

1. Discuss the effect of environmental factors on change, using force field analysis.

2. Name positive and negative forces which commonly appear in health promotion force field analysis of schools and work sites.

3. Discuss support systems for behavior change at school and at work.

4. Describe the types of health promotion activities currently being used in business and industry.

Topic Outline

I. Environmental effects on health, change
   A. people factors
      1. stress
      2. communication
      3. expectations
   B. system factors
      1. physical setting
      2. time schedules
      3. administrative structures and support at the highest levels

4. perceived expense
5. ease of implementation (extent to which the work setting will be disrupted)
6. "we've always done it this way"

II. Behavior change agents
   A. the system - where the power is
   B. getting in - contacts, impressions
   C. WHY's of promotion
      1. statistics
      2. costs of hypertension, heart attacks, illness, accidents, stress (white & blue collar workers)
   D. fitting promotion into the work schedule
      1. before and after work, lunch
      2. work release time
      3. short term, long term, workshop format
   E. Common approaches in business and industry
      1. stress reduction
      2. fitness (hypertension reduction)
      3. communications skills
      4. smoking cessation
      5. Employee Assistance Programs
   F. Environmental changes
      1. noise levels, ventilation
      2. no smoking areas in lunch rooms, lounges
      3. supplement junk food machines with healthy food machines (fruits, fruit juices, yogurt

Seminar Ideas and Notes
for emphasis on
Health Change Agents

Resource Notes:

Medical Self Care , pages 179-182, an excellent excerpt to hand out to the class

Girdano and Everly, The Stress Mess Solution - provides stimulating ideas regarding work environments

Many occupational journals and health journals regularly include material on health promotion in the work place. for example -

Family & Community Health, the Journal of Health Promotion & Maintenance , volume 6/number 1, May 1983 - issue focus on "Occupational Health and Safety"

Many large companies have wellness programs. Several are mentioned at the beginning of Girdano and Everly (see above) Two recent broad spectrum programs in South Carolina -

Blue Cross/Blue Shield, Columbia, S.C.
Cummins Charleston Inc, Stark Industrial Park, Charleston Heights, S.C.
Carolina Life Styles - a promotion program for state employees; based in Columbia SC

Approaches and activities:

In addition to drawing on the references, the content outline, and application of force field analysis to the school and work setting in general, it is useful to apply a force field to the success/failure of a health promotion program provider who wants to implement their program in a school or work site.

Student projects and reports on recent articles about health promotion in the work site would be good discussion starters here. For example, The Saturday Evening Post carried a series by Nick Thimmesch on smoking several years ago.

This is also a good unit to invite an outside speaker for a short (half hour) overview of their health promotion activities in the work place. If the speaker would be willing to participate in the class as a "member" during the development of the force field analysis, that would be

excellent. One regularly occurring health promotion program is the smoking cessation program offered by the American Lung Association, a good source for speakers for this unit and for unit XIII.

UNIT VI

STRESS AND ILLNESS

General Objective

At the completion of this unit the student will be able to describe the effects of stress on health and performance, both short and long term.

Specific Objectives

The student will be able to:

1. Describe fight or flight chemistry
2. Define the psychosomatic link for disease
3. Define the terms "stressor","eustress" and "distress"
4. Identify general and their own cues of stress

Topic Outline

I. Fight or flight chemistry
   A. Adaptation response (Hans Selye) to change
   B. Threats to ego, relationships, success, finances interpreted by limbic brain as life threats - bringing on fight or flight chemistry
   C. Physical effects
      1. heart rate
      2. circulation patterns
      3. breathing
      4. muscle tension
      5. heat removal (sweating)
      6. low priority physical activitieis (in times of stress):
         a. digestion
         b. circulation to hands, feet
         c. immune system

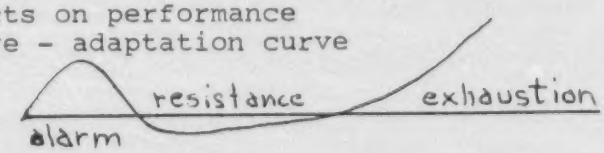
D. Mental effect
   1. thoughts
      a. perseverative thought
      b. negative self talk
   2. emotions
      a. anxiety, nervousness
      b. exhaustion (translates into physical exhaustion)
      c. fear
      d. depression

E. behaviors
   1. those things which could be seen by others
   2. things we are aware of (cry, eat, sleep)
   3. things we are not aware of (finger tapping, sighing)

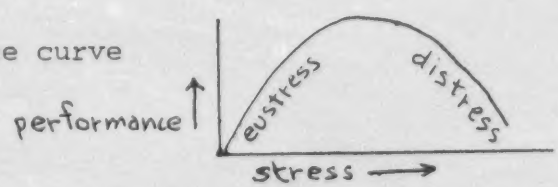
F. Long term effects
   1. hypertension
   2. ulcer
   3. heart attack
   4. digestive syndromes (spastic colon)
   5. allergies
   6. illness
   7. Holmes Rahe scales; cumulative nature of the effects of stress (2 years)

II. Psychosomatic link
   A. mind (psych-) and body (soma-) interactions
      1. somatogenic: physical cause but psychological factors make more likely or more severe
      2. psychogenic: no known physical cause - but are <u>real</u> physical symptoms, physical changes, and damage
   B. holistic functions: synergistic nature of all systems - mind, body, spirit, social, etc.

III. Effects on performance
   A. Selye - adaptation curve



   B. Stress and performance curve



IV. Eustress and Distress
   A. eustress - when change is experienced or perceived as good or positive
      1. challenge, excitement, fun

2. still has physical effects and performance effects which may be negative

B. distress - when change is experienced or perceived as bad or negative

1. cumulative effects of good stress on body may result in distress

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Seminar Ideas and Notes
for emphasis on
Stress and Illness

Resource Notes:

Girdano and Everly's text Controlling Stress and Tension is an excellent and detailed reference.

Mero and Myer's facilitators' manual Something Special Stress Management has excellent (and copy right free) materials for handouts for this and the next units.

Approaches and Activities:

Stress management is one of the areas where business and industry get involved in health promotion. The Girdano and Everly reference The Stress Mess Solution is also useful here.

While the material in this unit may well need to be presented in part in lecture form, much of the detail of the physiology can be provided in handouts. It is important to use brainstorming to gather information on illnesses related to stress and on stress effects and cues in the mental, emotional, behavioral areas. In addition, a list of personal (or typical) stressors is useful.

An excellent special project for the whole class is to implement a stress diary or journal for the next two or three weeks, listing sources of stress and responses (see Farquhar for one version of this idea as well as good personal evaluations, pages 60 to 65)

UNIT VII

STRESS INTERVENTION TECHNIQUES

General Objective

At the completion of this unit the student will be able to outline a variety of methods - physical, mental, emotion, social - for responding to or intervening in stress.

Specific Objectives

The student will be able to:

1. Apply Farquhar's six step model to stress.

2. Define holistic (whole - istic) as it applies to stress intervention

3. Name and describe what is meant, in general, by physical, mental/emotional, social interventions.

4. Describe specific examples of physical, mental/emotional, social techniques for intervening in stress.

Topic Outline

I. Six steps to changing stress
   A. identifying stress problems
      1. self testing
      2. observation of behavior
   B. contracting, making commitment
   C. increasing awareness of stress response
      1. physical and mental cues
      2. causes and end products
      3. is stressful of itself
   D. planning relaxation
      1. body - deep muscles

2. mind - mental relaxation, imagery
3. quick (instant) relaxation/ breathing
4. behavior rehearsal

II. Problems with stress intervention
A. can't fight or flee
B. internal stress (anxiety, perseverative thought)
III. Physical intervention
A. stretching
B. physical activity, aerobics
IV. Mental Intervention
A. cognitive
1. planning
2. thinking, thought control
B. intuitive, sensory
1. emotional
2. fantasy, positive imagery
3. focusing, non-specific attention
4. meditation
V. Social Intervention
A. support systems
1. family, friends
2. professional aid
B. changing environments

Seminar Ideas and Notes
for emphasis on
Stress Intervention Techniques

Resource Notes:

The resources used here are those mentioned in the preceding unit.

There are many publications which provide overviews of the techniques in this unit besides the ones used in this Instructors Guide. If you have a favorite resource, it should be able to adapt the outline to include it. The elements chosen for the content outline represent the most regularly suggested interventions found in the literature.

Approaches and Activities:

The units on stress intervention and those following begin the section of this course where actual health promotion can occur for the students in the course. The Farquhar book can still be used as an organizing plan, into which techniques and ideas from other authors can be integrated.

As soon as students begin to implement stress intervention techniques in their own lives there are some important points to be emphasized:

1. "failure" - when a technique doesn't "work"

Actually no experience is a failure. Techniques have different effects from person to person and from time to time with the same person. Especially, experiences change as a person becomes more adept at the techniques. Mero and Myer's text includes detailed overviews of how various techniques "feel" (especially their Training of Trainers Manual).

2. personal awareness

A major part of the learning in this section of the course comes from remaining aware of personal feelings and thoughts and how they influence our motivation to change, our commitment to change, and the actual practice of new behaviors. This awareness and class room discussion of other people's experiences and especially how these differ, will lead to a better ability to facilitate change in others later.

This is also an excellent point to write self contract number two and begin its implementations. Be sure to reemphasize the usefulness of force field techniques,

careful consideration of personal methods of sabotage, and support from others.

UNIT VIII

STRESS: EXPERIENCES IN INTERVENTION

General Objective

At the completion of this unit the student will be able to describe and demonstrate specific techniques of stress intervention using breathing, stretching, muscle relaxation, and imagery.

Specific Objectives

The student will be able to:

1. Describe and demonstrate autogenic relaxation and other forms of imagery.

2. Discuss the use of stretching for stress reduction, discrimination between stress reduction exercise and exercise for other purposes.

3. Demonstrate neck roles and two other stretches, showing the correct techniques for easy stretches ans identifying what "not to do."

4. Demonstrate and discuss muscle relaxation technique.

Topic Outline

I. Breathing techniques
   A. focus on easy breathing
   B. let other thoughts drift, don't focus on them
   C. mentally count or use special words on inhalation and exhalation
      1. counting
         a. "In; 1, 2, 3, 4, 5"
         b. "Hold, 1, 2"
         c. "Out; 1, 2, 3, 4, 5, 6, 7"
         d. "Hold; 1, 2"

2. words
   a. in - " God's in His heaven, all's right with the world-"
   b. hold - "So..."
   c. out - "Re..la....x"

II. Imagery; Autogenic relaxation
   A. images of sensory data, either in story form or as pure sensation; thoughts drift - but pay no attention to them
   B. guided imagery, trips, places, experiences
   C. Autogenic relaxation
      1. self generation of body feelings of sensory data
      2. steps
         a. deep easy breathing
         b. finding your "center"
         c. warmth radiates out
         d. heaviness
      3. Mero and Myer modification
         a. add other sensory data -
            color (no dark places)
            sound (harmony)
      4. * last step important - gentle return to the sensory data in the room

III. Stretching (yoga and related stretches)
   A. DO's
      1. be gentle with yourself
      2. push a little further than easy but do not hurt (no pain no gain is NOT for stress intervention)
      3. listen to your body
      4. goals of stretching for stress intervention -
         a. BALANCE
         b. FLEXIBILITY
         c. RELAXED EXTENDING OF ABILITIES
      5. these goals for stretching mirror life style goals around stress in general
   B. DON'T's
      1. hurt; hurt muscles tense up
      2. bounce into a position - bouncing tightens muscles, counteracts relaxation
      3. go fast - easy slow movement is relaxing
      4. over-do - leads to later tightening, tension
      5. be competitive - with yourself or others, leads to mental and emotional stress
      6. get stressed about stretching

IV. Muscle Relaxation
   A. passive techniques
      1. focusing on muscles and saying "relax"
      2. various types of imagery, especially autogenic
   B. active techniques
      1. progressive muscle relaxation
         a. alternate tensing and relaxing

b. focus on feelings you create and the difference between tension and relaxation
c. move through body with a pattern

2. massage and stretching
   a. self
   b. others
   c. always move hands on extremities <u>toward</u> heart
   d. avoid "pain", although sensations may be uncomfortable or strange

V. Biofeedback
   A. definition
   B. types -
      1. even scales and tape measure are feedback
      2. for stress, instruments to measure temperature or galvanic skin response
      3. using as a stress reducing method
         a. trying to lower a tone or move a needle on a dial
      4. as feedback for the effects of other techniques
         a. use with breathing, autogenic, fantasy (not tone, dial feedback is less intrusive)
         b. can show actual physical changes, measure improvement
            ** CAREFUL - competition is stress producing!

Seminar Ideas and Notes
for emphasis on
Experiences in Stress Intervention

Resource Notes:

Again, the references from the past units on stress are excellent. The Mero and Myer materials include detailed handout type overviews for the techniques given here (and others) and can be reproduced and distributed without copy right infringement.

Medical Self Care , pages 165 to 170 is a good resource.

Approaches and Activities:

The Farquhar techniques should be done in class as the minimum involvement. If the instructor is unfamiliar with some technique or techniques, outside facilitators will allow the students to have the best experience possible. The most effect biofeedback devices to be demonstrated in class are the less expensive home use units available from a variety of professional sources such as Uniquity in California or Fisher Scientific. Larger research instruments are less effective in the classroom.

Another technological support system for stress management is the use of commercially prepared tapes. Given the focus of health promotion on self responsibiility (refer to the comparison of illness treatment and health promotion) any external machine or machine mediated technique may produce a less than desired result. The students should be challenged to think about the issue of empowerment and self control in promotion with the use of commercially produced "relaxation" tapes. Compare to the idea of a person making a tape (for muscle relaxation or guided fantasy) using a scrip but their own voice telling them to relax.

The latter idea might be one type of special project - not with the idea of producing sound effects etc. as do some commercial tapes, but to learn to listen to your own voice telling you to relax. A student could report on a comparison of the use of such "personalized" tapes with music or sound tapes like the Environments series and with commercial "listen to my voice" tapes made by "experts".

UNIT IX

EXERCISE AND FITNESS

General Objective

At the completion of this unit the student will be able to describe the major health issues related to exercise and physical fitness, including goals of stamina, strength, and flexibility.

Specific Objectives

The student will be able to:

1. List the health risks of poor physical fitness and lack of exercise.

2. Describe the goals of flexibility, strength, and stamina.

3. Discuss the health risks of exercise.

4. Describe exercises which promote flexibility.

5. Describe exercises which promote strength.

6. Describe exercises which promote stamina.

Topic Outline

I. Exercise and health
   A. preventing physical atrophy and stiffening
      1. maintains muscle strength, balanced conditioning
      2. prevents reduction of movement
   B. helping control stress
      1. responds to chemistry of fight or flight
      2. promoting relaxation, better sleep
   C. promoting physical and mental well being
      1. self image
      2. positive addiction
      3. endorphins
      4. increased energy
   D. helping control weight

1. increase energy output
2. decrease appetite (aerobics)
3. maintain proportion of body weight in fat/muscle
4. promotes better personal image and pride

E. cardiovascular health
1. aerobic exercises strengthen heart
2. expand circulation
3. lower resting heart rates
4. lower blood pressure

F. supporting healthier blood chemistry (aerobics)
1. decrease of low density lipids:
associated with negative effects of cholesterol
2. increase of high density lipid fractions

II. attitudes toward exercise
A. physical work and views of leisure
1. leisure = rest/inactivity
B. changes in work patterns
C. society's changing NORMS
1. exercise uses up energy ("I'm too tired to exercise")
2. exercise produces energy
3. the jogging craze
4. spas, fitness centers, "gyms"
5. bicycles, home fitness equipment
6. "jocks" and "freaks"

E. physical activity and gender

III. Exercise for strength
A. muscle tone vs. definition
1. weight lifting
2. "universal" type machines
3. Mr. and Ms. Universe
B. balanced development
C. "no pain -- no gain" verses injury

IV. Flexibility
A. joints, tendons, "muscle bound"
B. balance and grace
C. moving limits outward
D. yoga stretches vs. calisthentics

V. Cardiovascular training
A. "aerobic"
B. hard enough, long enough
C. "training"
D. target heart rates
E. tread mill "stress" testing

VI. Risks OF exercise
A. heart attack/stroke
B. week-end athletes
C. over weight people
D. specific problem areas
1. joints
2. energy metabolism (diabetes)

3. lungs (asthma, emphysema)
4. lower back weakness
5. feet and legs

E. the right equipment
1. shoes etc.

F. the environment
1. altitude
2. humidity
3. air pollution
4. temperature (high and low)
5. wind
6. other people (e.g.,cars and runners)

G. the right exercise
1. appropriate starting levels
2. individualized training regimes
3. medical clearance and support
4. knowledgeable about skills, appropriate techniques, warning signs
5. appropriate combinations

H. injury
1. sports medicine, the professional athlete, the amateur athlete, and the every-day athlete
2. availability of appropriate diagnosis and treatment
   a. many doctors respond to all injuries by "stop" - destroys conditioning
   b. family practitioners get no specific training in exercise planning/injury treatment
3. identifying appropriate alternative exercises for use until recovery

Seminar Ideas and Notes
for emphasis on
Exercise and Fitness

Resource Notes:

In addition to the information in books like Farquhar and Medical Self Care , there are numerous specialty books which provide excellent information.

Physical Fitness: A Preventative Medicine Institute/Strang Clinic Health Plan Book Marilyn Snyder Halper, NY: Holt, Rinehart and Wilson, 1980

an excellent diagnosis and planning manual with very useful instruments and outlines

Everybody's a Winner Tom Schneider, Covelo, Cal:the Yolla Booly Press as Little, Brown and Company affiliate, 1976

a delightful book, aimed at children of all ages, with great illustrations and a well balanced content

Whole Body Fitness: Training Mind, Body and Spirit Dan Millman, NY, NY: clarkson N. Potter Inc, 1979

considers the aspects of holistic fitness, looking at the synergistic nature of man

the New Aerobics Kenneth Cooper, Evans and Company, 1970

THE book for planning aerobic exercise; no better set training regimes using many different exercises and specialized by age and sex; answers many questions

the Book of Bikes and Bicycling Dick Teresi, NY: the Book Division of The Hearst Corp, 1975

more of an equipment manual, it provides information to prepare you to go into the local bike store

Swimming for Total Fitness Jane Katz. NY:Dolphin Books/Doubleday, 1981

another good planning book; progressive workouts, hydrocalisthentics and equipment issues

Sports Health William Southmayd and Marshall Hoffman. NY: Quick Fox Books. 1981

an easy to read reference that teaches about the body as well as provides much needed information about responses to injuries, training alternatives etc. A must for the educated exerciser.

Richard Hittleman's 28 Day Yoga Plan

a useful little paper back book, well illustrated, with good descriptions, providing a wide variety of stretching exercises

There are also many journals of both health and exercise which are useful in staying up to date...

American Health: Fitness of Body and Mind PO Box 10034, Des Moines, I. 50347

* In the 1984 volume of Family and Community Health, the Journal of Health Promotion and Maintenance there will be an entire issue focused on health, nutrition, and exercise.

Family and Community Health: the Jouranl of Health Promotion and Maintenance Aspen Systems Corp., Gaithersburg, Md.

Approaches and Activities:

The topics in the content outline can be used as discussion starters. In addition to the material included here, many cardiac rehabilitative programs employ excellent health educators who can discuss the problems of special populations.

The use of the chapter in Farquhar is a good starting point. The students should be discussing the development of their third contract, with a focus on exercise of some type. Force field analysis is an excellent tool for discussion of the pressures which prevent people from engaging in regular exercise.

The jogging/running movement in this country could be used as an example of health promotion that has "taken off." It can be useful to apply force field analysis to this as well, to analyze those forces that maintain a behavior.

UNIT X

FITNESS PROGRAMS

General Objective

Act the completion of this unit the student will be able to discuss the issues around starting an aerobic exercise program with particular emphasis on target heart rates, warm up/cool down times, physical clearance, and safety factors.

General Objectives

The student will be able to:

1. Identify the work of Dr. Kenneth Cooper.

2. Define aerobic, resting heart rate, exercise heart rate, and target heart rate.

3. Describe who should see a doctor before planning an aerobic program.

4. Identify exercises which can be aerobic and those which usually can not and describe common characteristics of aerobic training regimes.

5. Discuss the issue of warm up and cool down.

6. Take their own resting heart rate, discuss its significance and define their target heart rate for aerobic exercise.

[illegible]c Outline

I. Aerobics
   A. references...Dr. Kenneth Cooper's books, Jane Katz
   B. characteristics of "aerobic" exercise
      1. target heart rate
         a. 220 minus age = maximum heart rate
         b. 70% of "a" is target heart rate, aerobic

effects are observed
c. pulse taken for 10 seconds, multiply by 6
take pulse with fingers (not thumb) in neck or on wrist

2. maintain target heart rate for 20 minutes
3. exercise a minimum of 3 days a week, spread out five is better; never more than 6
4. the training effect on heart, circulation

C. training regimes
1. gradual build up
2. 3 to 5 times a week, spread out
3. record keeping -
a. resting heart rate
b. exercise heart rate
c. post exercise heart rate recovery period
d. distance
e. time
f. optional info -weather, route, mood, health

D. types of aerobic exercise
1. sure things (easy to make aerobic)
a. walking
b. jogging
c. running
d. bicycling (indoor, outdoor)
e. swimming
f. dance
g. jump rope
h. rebounding
2. common characteristics of the above
a. rhythmic, even movement
b. symmetrical regular body motion
c. depends on only one person
d. little equipment
e. can be done daily
f. enjoyable
3. harder to do with constant aerobic status
a. tennis and other competitive racket sports
b. team sports with running involved
4. almost impossible to make aerobic
a. bowling
b. golf
c. ping pong
d. horse shoes
e. etc.!
5. characteristics of 3 and 4
a. intermittent hard action, or none
b. teams

6. other characteristics of unsuccessful exercise
a. not under your control
b. week-end athlete focus

c. requires much expensive equipment
d. must go far to get to it
e. you don't like it

II. Safety factors
A. age and physical condition need to be considered
1. see Cooper's book
B. doctor's advice
C. tread mill/stress tests
C. warm up
1. easy motion, slow start up, little stretching
** ideas about stretching prior to exercise have changed recently. Now it is believed that stretching and then exerting causes a muscle to be more vulnerable to strain at start up. Stretches for warm up should be brief, very slow and gentle and focus on tendons
D. cool down
1. walk to get heart rate down, keep circulation up
a. many problems after exercise caused by immediate change of blood flow patterns
2. stretching, especially calf muscles, upper leg, trunk, leg tendons
E. proper clothing, equipment
1. e.g. correct shoes
2. protective devices; swimming goggles, cycling gloves and helmet

F. warning signals - see a doctor if they persist
1. pain/tightness in chest
2. dizziness
3. extreme difficulty breathing
4. muscle quivering for long period
5. disorientation
6. tunnel vision
7. joint pain, pain in major bones
8. extreme fatigue after the first few sessions
9. difficulty with sleeping or eating patterns

Seminar Ideas and Notes
for emphasis on
Fitness Programs

Resource notes:

The references given in the last unit have excellent material on specific aerobic programs.

Use of experts should be done with care - especially the use of employees from commercial fitness centers. Check on any consultant's back ground in exercise physiology and specific graduate level training in aerobics. Coaches, especially older coaches, have often not had a specific background in these areas or are not up to date. The parameters of concern to competitive team sports are not always relevant to individual fitness programs.

Approaches and Activities:

It is particularly important to emphasize the need for medical clearance prior to implementing any exercise program, of particular importance to anyone over 30, who has not been active, or anyone with a special medical problem (obesity, allergies, diabetes, asthma, etc.)

It is also important to emphasize that competition - if any - occurs between each person and their own conditioning. If there are team member athletes in the class they could intimidate less active members. Be alert for teachable moments for members of both the sedentary and very active groups. Remember the purpose of the course in learning to understand the dynamics active for others in putting behavior changes is place.

The third self contract should be drawn from the content of the last two units - it can emphasize strength, flexibility, or stamina training and should be something that the person is not already doing.

UNIT XI

FOOD - A NEW PATTERN

General Objective

At the completion of this unit the student should be able to discuss how dietary habits effect health, major trends in diet, and approaches to dietary change.

Specific Objectives

The student should be able to:

1. Discuss dietary problems with salt, refined carbohydrates, additives, proportion of fat and protein in the diet.

2. Discuss the physiological action of salt.

3. Discuss the term "natural" and its drawbacks

4. Consider the issues of processing of foods (such as carbohydrate)

5. Discuss sources of protein.

6. Present steps for upgrading diet.

Topic Outline

I. Chemicals in our foods
   A. foods are chemicals
      1. what is the difference between a grown chemical and a laboratory produced chemical?
         a. if we know the chemical formula - we can reproduce it.
         b. companion molecules and chemicals may not be there in laboratory produced nutrients
      2. what is the difference between foods & vitamins
   B. additives
      1. other naturally occurring elements

a. salt
b. sugar
c. sea weed emulsifiers

2. preservatives to stop spoilage
   a. spoilage is associated with cancer of the stomach and other illness
3. anti-caking agents and other things that effect the consistency of foods - agar, corn starch
4. flavor enhancers -monosodium glutimate
5. artificial (not naturally occurring) colors and flavors.

II. some "hot" terms
   A. chemical (see above)
   B. artificial - does this mean "occurs in nature but this was made in a lab" or "never occurs in nature"
   C. natural
      1. many naturally occurring chemicals are poisons
         a. curare
         b. strychnine
      2. usually used to mean "non-technological"
   D. vitamin and minerals
      1. some are toxic in large doses
         a. the fat soluble are kept in the body - can reach dangerous levels
         b. water soluble are eliminated regularly - must have a regular source
      2. we know levels needed to prevent identifiable deficiency diseases - not necessarily the optimum levels

III. Processing
   A. cleaning, purifying (isolating one specific thing)
      1. purifying means eliminating other things that may be useful, necessary to digestion OR may mean getting rid of un-useful parts
   B. partly preparing, cooking
   C. preserving - freezing, freeze drying, canning, or chemically preserving

IV. Suggestions for up-grading diet
   A. things to increase use of...
      1. low processed or unprocessed food; raw food
      2. water and natural juices
      3. balanced nutritional elements -vitamins etc.
      4. protein from vegetable sources
      5. the things you CHOOSE rather than eating "because it is there" - junk food, over eating
   B. things to decrease use of...
      1. additives, especially MSG, sugar, salt, artificial colors and flavors
      2. highly refined carbohydrates
      3. fats in general, animal fats in particular
      4. protein from animal sources

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5. caffeine, nicotine, alcohol
6. convenience foods, "food machine" food

Seminar Ideas and Notes
for emphasis on
Food - a New Pattern

Resource Notes:

In addition to Farquhar, the Strang Clinic book on nutrition provides some excellent assessments and behavior change approaches.

The issue of protein sources is well covered in Diet for A Small Planet , essentially a cookbook, but with a very useful introduction.

Most of the assessment instruments reflect the new priorities in nutrition and are good references at this point.

In the 1984 volume of Family and Community Health, the Journal of Health Promotion and Maintenance there will be an entire issue focused on health, nutrition, and exercise.

Approaches and Activities:

The "thoughts" activity on page 117-118 in Farquhar is a good group discussion starter.

Force field analysis can be done on changing diet in families...
consider the effect of children's and Father's habits(likes, dislikes, values) if Mother decides to eliminate sugar and salt as additives of any sort from the family diet.

The idea of "up-grading" is mentioned in the outline. This refers to a process of movement in the direction of a specific goal in small, easily "do-able" steps. Consider a sequential set of up-grading steps if a family wants to move toward healthier beverages (assume extensive use of alcohol and carbonated soft drinks as the starting point). Each stage should be a healthier behavior than the last (although not yet at the ultimate goal - which might be drinking only natural juices and water)

The units on diet have been divided into three distinctly different approaches to diet....
Unit XI considers changing patterns over all

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& ways of choosing over-all healthier dietary patterns

Unit XII considers the problem of over use- specificallly overeating and the over use of alcohol and other drugs (e.g. caffeine)

Unit XIII considers the need which sometimes occurs to eliminate something from use entirely (e.g. cigarettes) and moves us into a consideration of addiction.

UNIT XII

PATTERNS OF MISUSE - FOOD, ALCOHOL, AND OTHER DRUGS

General Objective

At the completion of this unit the student will be able to apply force field analysis and the health belief model to overuse of foods, alcohol and legal drugs, detailing the aspects supporting overuse and suggesting counteracting alternatives.

Specific Objectives

The student will be able to:

1. Discuss why people over eat or get drunk by using a force field.

2. Describe the use of marijuana using the health belief model.

3. List benefits people feel justify their use of drugs and suggest alternative behaviors.

Topic Outline

I. Force field analysis of over-eating, drinking
   A. Social pressures to eat, drink
      1. everyone is doing it
      2. it is sophisticated
      3. let your hair down
      4. "what are you, too good for us?"
      5. etc.
   B. Personal positive effects from eating and drinking
      1. I like the taste
      2. It makes me feel relaxed
      3. It helps me feel good
      4. I don't like to be conspicuous
      5. etc.
   C. short and long term negative effects
      1. feel bad physically
      2. conviction for driving under the influence

3. I hate myself in the morning
4. my parents disapprove
5. it means I don't learn how to socialize without doing it
6. it's the ONLY way I know to relax
7. I can't get along without it
8. I'll do anything for it

D. pressures which might be counter to over indulgence
1. the law
2. acceptable alternatives
3. moral values
4. personal dislike
5. desire to be an individual
6. ability to stand up for one's ideas
7. ability to say NO
8. etc.

II. Health belief model application to over use

A. Background values of specific culture
1. possible cultural view of over use of alcohol- (it's bad)
2. possible cultural view of over use #2- (a man should be able to hold his alcohol)
3. possible cultural view #3- (any use is bad so over use and responsible use are the same)
4. etc.

B. what personal beliefs lead to overuse
1. I have to fit in or they won't like me
2. This isn't bad, its not like it was a drug
3. I don't use anywhere as much as Fred
4. If it feels good, do it
5. It only effects me so its my business
6. etc.

C. Knowledge and its effect
1. if we don't know the facts, we can't make any judgment BUT
2. I can always rationalize the facts
3. sometimes the facts are truly unclear or at best ambiguous

D. Perceived positive effects
1. desirable physical effects
2. desirable social acceptance
3. desirable effect on stress and emotion
4. etc.

E. Alternatives issues
1. alternatives must be <u>viable</u> both culturally and individually
a. acceptable
b. comfortable
2. alternatives must be do-able
a. possible to do
b. available

c. accessible (cost etc.)

3. alternatives should be mutually exclusive to the behavior we want to eliminate
4. alternatives must have no significant negative effect themselves
   a. image (only losers say that)
   b. friends (no one I know will do it)
   c. culture (my Mother would DIE if she saw me)
   d. health effects (this is awfully dangerous)

III. The behavior change techniques used to modify over use

A. contracting - personal and group
   e.g. SADD -Students Against Drunk Driving uses personal and group contracts that the students AND their parents will not drink and drive, and that the parents will agree to come and get the student anytime needed

B. support groups -
   e.g. TOPS - Take Off Pounds Sensibly; OEA -Over Eaters Anonymous, Weight Watchers

C. counseling

D. changing the environment
   e.g. changing the drinking age, enforcing laws against the sale alcohol to minors
   removing junk food machines

E. positive and negative reinforcement
   e.g. business that pay employees for pounds lost
   schools that recognize student leaders who are anti-drug

F. education
   e.g. programs to educate about overuse
   advertising campaigns

G. making an accepting environment for change
   e.g. P.R. campaigns of celebrities who don't drink,
   Responsible Entertaining - making non-alcoholic beverages available and as attractive as alcoholic,
   serving low cal snacks,
   moving the focus - doing something besides eating and drinking

Seminar Ideas and Notes
for emphasis on
Patterns of Misuse

Resource Notes:

Many of the useful resources for this section are listed under the examples in the topic outline-

TOPS
OEA
SADD
etc.

These groups are excellent sources of information, as are local Drug and Alcohol Boards, local treatment programs (medical or psychological) for over weight.

Changing eating behaviors is written in many of the references. Actually, the dynamic is very much the same for simple over use of other chemicals; however specially focused resources can be found in

Brecher, Edward
Licit and Illicit Drugs
Consumer Reports
Little and Company
1972

Healthy People ,
prevention issues, page 202-203

Approaches and Activities:

The best resource for understanding over-use is usually whatever group you are working with; over-use is so common that we usually need only to think about it unemotionally to understand it. For that reason the major content of this unit is suggested to be brainstorming around force fields and health belief ideas. The ideas listed in the content outline under each segment of the process are intended to be used as instructor input only if the class doesn't come up with them or similar points themselves. A guest from OEA or TOPS might help to do the brainstorming, however the reasons for over-use differ from person to person based on each person's reality.

Another helpful group in the community is the American Lung Association. Their smoking cessation books are excellent resources for why people do unhealthy things.

There are also sever films that go with these Lung Association materials that show both the methods of behavior change but also the dynamics of use.

UNIT XIII

WHEN THE GOAL IS ABSTINENCE

General Objective

At the completion of this unit the student will be able to overview the dynamics of physical, psychological, and psychosocial addictions as well as major program directions in alcohol/drug treatment and smoking cessation.

Specific Objectives

The student will be able to:

1. Define "drug" and "abuse" in their most general form.

2. Describe addiction and differentiate between physical and psychological addition.

3. Describe the general process of withdrawal as it helps to define addiction.

4. Discuss treatment directions including detoxification, life skills groups, and family therapy.

5. Describe the parts of a typical smoking cessation program.

Topic Outline

I. Definitions from the Delphi approach

Early in the 1970s, educators involved in drug abuse prevention found it necessary to clarify some common ideas by defining the terms drug and abuse. The Delphi approach used input from individuals into small groups, the development of consensus, information going to large groups, being compiled, resubmitted to the individuals and started over again, until some general definition were derived which were acceptable to all involved.

1. user support groups - Alcoholics Anonymous
2. family support groups - Al Anon, Ala Teen

iv. smoking cessation

A. not done by drug abuse professionals
   1. society prefers not to see as drug
   2. too wide spread a problem
B. provided by public and private groups such as the Lung Association, Cancer Society, private therapy
C. similar types - gradual withdrawal, cold turkey
   1. evaluation of supporting reasons for use
   2. exploration of alternatives
   3. health education for risk analysis
   4. behavior change methods - contracts, reinforcements, support groups, family change

A. a drug : any chemical substance you put into your body that effects you mentally or physically

1. this is a very inclusive definition
2. the more we learn about the dynamic of drug use the more we see it is a good definition

B. drug abuse : whenever the user of a drug has problems which would clearly be better if they choose not to use the drug the way they did
   1. legal problems
      a. use of illegal drugs
      b. illegal use of legal drugs
   2. physical health problems
      a. as a result of the chemical's effect of the body - cirrhosis of the liver in alcoholics caused by the action of the alcohol on the liver
      b. as a result of the way the person lives while using the drug- hepatitis in heroin mainliners caused by dirty needles
   3. mental health problems
      a. as a result of the drug- paranoia in cocaine users
      b. as a result of not learning life skills because the drug is used to handle the situation - teenage alcoholics and marijuana users never learn to handle fears; the drug "handles" them
   4. problems at school
   5. problems at work
      a. caused by use on site or
      b. caused by withdrawal or
      c. caused by other problems which then effect performance at school or work
   6. problems with family
      a. as a result of unmet expectations
      b. as a result of value issues around the drug
      c. as a result of unacceptable behaviors linked to the drug's use, it's effects, other users

C. this definition of abuse is not equivalent to a definition of addiction
   1. addiction is a specific health/medical term
   2. abuse is a sociological concept

II. Addiction
   A. physical addiction
      1. usually CNS depressants
      2. seldom with other biochemical effects
      3. body chemistry becomes tolerant of the drug by "learning" to function normally in its presence
      4. now body "needs" drug to function normally
      5. user has to take more drug to get same effect

(which is really an attempt to modify "normal" chemical functioning)
6. when drug is stopped, the body chemistry is out-of-adjustment with out the drug
7. this messed up chemistry causes symptoms we call "withdrawal"

B. psychological addiction
1. the user likes the effect of the drug and uses it more and more in certain situations
2. the user doesn't like the way the world feels or works when they are not high
3. the user becomes convinced that they need the drug to get through "this situation","the day" etc.
4. without the drug the user notices that they feel less secure, less comfortable, unable to cope
5. nothing else alleviates the mental pain or gives such a positive feeling as the drug
6. they must have it

C. physical addition seldom occurs without the user also needing the drug psychologically
1. perhaps occurs by itself in some medical circumstances in hospitals
2. if the patient "looks forward" to the dose of drug, a psychological dependence may occur

D. psychological addiction can and often does occur with no physical addiction at all.

E. of the two, psychological is harder to beat; the physical dependence goes away when the body chemistry returns to normal through withdrawal

III. Treatment

A. Medically mediated withdrawal - <u>detoxification</u>
1. slow withdrawal with medical support
a. may include drug support -tranquilizers etc.
b. may include partial chemical replacement - methadone detox
c.(cold turkey -no chemical support at all)

B. behavior change
1. out-patient or in-patient
2. therapy/counseling
a. individual
b. group (others like me)
c. family (the family is like a mobile - change member and the balances change; need to re-stabilize
3. values clarification
4. health education
5. work on alternatives

C. social support

Seminar Ideas and Notes
for emphasis on
When the Goal is Abstinence

Resource Notes:

The Consumer Reports book on Licit and Illicit Drugs is still an excellent resource.

Other good sources of information are the local and state Drug and Alcohol Programs of intervention and treatment, the alcoholics Anonymous meetings in the area, local medical personnel who work in treatment.

Approaches and Activities:

For this particular topic, a panel discussion or round table would be useful. The difference is a round table has the visitors discussing among themselves. This might be interesting, especially if you asked them to develop a force field analysis or a health belief model regarding successful treatment. You would need an uninvolved facilitator to keep things moving. You would not want to have such visitors to your class without a question and answer period. Possible configurations for the round table would be all ex-users, all treatment personnel, a combination.

The American Lung Association smoking cessation program materials would also be good seminar materials - the class could discuss the content and format in light of the rest of the course.

An important topic which could be addressed in class or as a student project is "never starting - how do we keep people from starting behaviors like smoking and drug use?"

The chapter on smoking in Farquhar can be used to structure this session, simply applying his techniques to other drugs.

UNIT XIV

PUTTING IT ALL TOGETHER

General Objective

At the completion of this unit the student will be able to analyze the behavior change mechanisms implicit or explicit in a recent health oriented book or series or articles and contrast them to the concepts of health promotion included in the seminar.

Specific Objectives

The student will be able to:

1. Draw on Farquhar's six step model to discuss recently published ideas on health behavior change.

2. Draw on force field analysis to discuss recently published ideas on health behavior change.

3. Draw on the health belief model to discuss recently published ideas on health behavior change.

4. Draw on factual material about health appraisal, stress, exercise, diet, alcohol, drugs, and cigarettes to discuss recently published ideas on health behavior change.

5. Consider the dynamics of behavior change for the individual, the family, and the workplace in discussing recently published ideas of health behavior change.

Topic Outline

I. Published materials on health
   A. articles in general magazines
   B. articles in the newspaper
   C. articles in the sensational newspapers
   D. articles in professional generals
   E. articles in religious journals

F. books
G. pamphlets from public service organizations
H. pamphlets from commercial sources

II. Public education on health
A. the electronic media
1. television news
2. television specials
3. radio
4 educational media
B. public relations campaigns

III. public school education on health
A. textbooks in health
B. textbooks in home economics
C. textbooks in personal and teenage development
D. textbooks in psychology

Seminar Ideas and Notes
for emphasis on
Putting It All Together

Resource Notes and Approaches and Activities:

The content outline gives some ideas for what type of materials can be evaluated in this session. The resources are the whole course and the activity is clearly defined in the General and Specific Objectives.

This session could be used to provide evaluation for the students of the course; they could be asked to meet the objectives of this unit in writing, either prior to the class (where they would then be discussed) or during the class as an examination.

For other evaluation ideas see the Instructor Guide Section on Supplementary Materials.

SUPPLMENTARY MATERIALS

METHODS AND MATERIALS FOR STUDENT EVALUATION

The last unit of the seminar course gives some ideas for evaluation of students, as does the Instructor Information section.

A seminar course is, by its very nature, a higher cognitive level learning experience. In Benjamin Bloom's Taxonomy of Educational Objectives levels of learning include knowledge, comprehension, application, analysis, synthesis and evaluation. The intent of this seminar is to move the students through these levels, ending primarily at application and analysis, with a brief stab at evaluation. Thus, evaluation through the use of short answer, multiple choice, fill in the blank,and similar types of questions is more difficult to do. The most common form of evaluation for such skills is projects and observation.

The attached sample test was used because to meet administrative requirements for a final exam.

HEALTH PROMOTION SEMINAR

Final Grade Determination

1. You have (or should have) written and submitted at least 3 self-contracts showing both the form of the contract and discussing the impact of the contract (what worked, what did not and reasons why).

2. You will write and submit the following take-home exam - due Tuesday, May 17, 1983. You may be asked to do an oral discussion of your exam - to be held Wednesday, May 18, 1983 at 5:30 p.m. - 7:00 p.m.. Call 797-4203 on Wednesday morning to see if you are required to attend this oral discussion and at what time.

PLEASE WRITE CLEARLY OR TYPE

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FINAL EXAM - HEALTH PROMOTION

1. What is the difference in focus and methods between illness treatment and health promotion? Use references from class, from the text, and from the 1979 Surgeon General's Report.

2. Compare and contrast concepts of health, illness, and wellness.

3. You want to deal with the issue of "healthful between meal snacks."
   a) apply Farquhar's 6 step planning process.
   b) write a personal contract, starting with a forcefield analysis.
   c) Use a forcefield analysis to design a plan for this college campus and the people who work here.
   d) discuss the issue from the point of view of the health belief model (see your notes).

4. Discuss the role of health hazard appraisal in health promotion. What are the common elements seen in all assessments? What are the differences?

5. The attached chart attempts to list the major risk factors related to life style issues and the better methods of intervention. The chart is NOT accurate. Discuss its positive and negative aspects and correct it where possible.

6.* Find an article in the popular media (no duplication please) that relates to health promotion. Discuss its methods, assumptions, and general tone based on this course's content.

7. Write a short discussion of the attached "John Smith" article, based on the content of this course.

* attach a copy of your article to your discussion.

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LIFE STYLE ISSUE	HEALTH RISK FACTORS	METHODS FOR INTERVENTION
Smoking	causes lung cancer role in chronic diseases - emphzsema major factor in heart attach major factor in stroke contributes to atherosclerosis effects skin depletes vitamins	cold turkey gradual decrease deal with it during a period of stability use support of ex-smoker be aware of your own patterns use nicotine pills force smoke
Diet	salt → high Blood Pressure salt → kidney stones saturated fats → cellulite saturated fats → cancer protein → high blood pressure too little milk → thinning of bones sugar → "empty" calories sugar → overweight caffeine → over stimulation all additives should be avoided alcohol is OK in moderation	ID your patterns; keep a diary eliminate harmful catagories diet in sequence (i.e. diet, rest, diet, rest) (don't worry about weight gain during rest) build positive thoughts never substitute Remember - its all or nothing immediately replace candy with fruits and nuts exercise increases caloric use overweight is ALWAYS a matter of more "calories in' than are used eat quickly - don't make a big deal out of food limit where you eat
Exercise	sedentary life style contributes to physical atrophy higher plasma cholesterol higher Blood pressure cardiovascular de-conditioning exercise contributes to cardiovascular health exercise effects oxygen transport and helps prevent senility the primary benefit of exercise is weight control	leisure should not be associated only with rest and inactivity aerobic exercise is the major focus of fitness running is the best exercise those who are physically active at work don't need to exercise at all learn your attitudes to your body and to exercise check with your doctor first push until it hurts (no pain, no gain) join a support group make exercise fit your life style be sure to compete and measure

LIFE STYLE ISSUE	HEALTH RISK FACTORS	METHODS FOR INTERVENTION
Stress	stress causes heart attacks, ulcers, obesity and cancer stress management can lower blood pressure and cholesterol levels stress contributes to mental illness stress causes colds stress uses up vitamins	biofeedback is useless learn how to relax your muscles find a relaxation technique that fits your life style keep careful records and be sure to rate and recor how successful you are in relaxing exercise can sometimes help stress analyze your stressors and plan around them avoid stressful situations stop worrying about it

INDUSTRIAL
HEALTHNOTES

November, 1982

Trident Industrial Health Coalition

John Smith died of natural causes

John Smith, age 42, awoke bleary-eyed to another gray morning, after a late night of entertaining and over-indulging. As John attempted to move his 220 lbs. from the bed, something outside the window caught his eye. In bright red letters written across the sky were the words, "Someone is trying to kill you, John Smith."

"Hah, who me?" John laughed as he lit his first cigarette of the day.

Putting the sky's message out of his mind, he went about getting ready for work. He gulped down two eggs, bacon, buttered toast, pastry, and coffee while dressing and reading the morning paper. Glancing at his watch, he grabbed another cup of coffee and rushed out the door. Not bothering to buckle his seat belt, he drove to work, slipping through stop signs and red lights. His thoughts were on the day ahead.

The day was a typical one, filled with emergencies, meetings and deadlines. To ease the tension, he kept his coffee mug filled and his cigarette lit. There was no time to stop for lunch. The best he could do was grab a soft-drink and candy bar from the vending machine to hold him until dinner.

It was after 7 p.m. when he arrived home. His wife had already prepared the pitcher of martinis. In one motion, he poured his first drink and headed for his recliner where he would spend the rest of the evening. It was during the third helping of beef stroganoff that John said to his wife, "Someone is trying to kill me, my dear."

"Don't be foolish," she replied as she headed toward the kitchen to get dessert. "Besides, who would do a thing like that?" she asked.

During the year, he extended his work hours to help cover the cost of the higher house payments. He was also smoking more cigarettes than ever. But nothing else had changed in John Smith's life.

Nine years later, at the age of 52, John was found dead at his desk. The causes of death were listed as ischemic heart disease, emphysema and bronchitis, peptic ulcer, cirrhosis of the liver, diabetes, and a speck of cancer. Hearing this, John's bereaved wife was overhead to say, "John would be happy to know that he died of natural causes."

Source: Richland Memorial Hospital newsletter

Trident Industrial Health Coalition
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Editor: Ken Sexton

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OTHER MATERIALS IN THIS SERIES

The U. S. Department of Education contracted with the Baptist College at Charleston to produce the following products, which are now available as part of the Rural Health Promotion Series supporting an associate degree in rural health.

1. A Final Project Report , including summary information about the design of the 2 year degree; conceptual, developmental, and applications issues; and a compilation and analysis of preliminary qualitative evaluation of the program components (by professionals in the health care field) and the programs goals (by rural residents and care providers).

2-8. A series of seven courses designed to meet the needs of this two year degree including -

Interpersonal Communications: skills in listening, sharing information, observation, and assessment,with special focus on cultural concerns, verbal and non-verbal messages.

Epidemiology: inter-relations of disease development and prevention in a public health model of host, agent, and environment; specially focused at the sophomore level.

Concepts of Chemistry: an up-dating of traditional chemistry concepts for allied health.

Health Care Organization and Issues: An overview of community health care systems with special focus on issues such as financial support, ethical dilemmas, changing services and technologies, and future directions, including

computers in intervention, treatment and education.

Health Promotion Seminar: A hands-on personal experience in behavior change around life-style issues, including up to date data and consideration of popular media ideas of health promotion.

Fundamentals of Paraprofessional Care I and Fundamentals of Paraprofessional Care II: A sequence of two courses designed to produce a person educated in major health issues and responses, with special skill development in physical care, emotional support, personal hygiene, safety and first aid (including Cardio-Pulmonary Resusitation).

Each of the instructor resource guides for teaching one of the above courses includes overview material on the total project (to provide perspective for content and methodological elements) as well as context of the course in the overall curriculum.

9. Rural Health Focus Guides for Core Content of the Health Promotion Associate Degree: This document is the work of professional educators in fields which make up the curricular core of the associate degree. The focus guides are the result of thoughtful consideration by these teachers regarding how their subject area relates to the necessary knowledge and competencies of a community paraprofessional in health promotion. All of the authors of the focus guides attended a workshop on health promotion which brought together core faculty, health educators, rural health sociologists, rural health care

providers, and rural health care recipients. The focus guides are the product of their individual approaches to the relevance of their subject matter to the overall degree; each gives ideas for highlighting particularly useful areas of a core course without in any way compromising the existing goals and expectations applied to all students who take these courses. Bound together in one volume, the focus guides cover the areas of

Freshman English,
general college mathematics,
general psychology,
human growth and development,
psychology of adulthood and aging,
introductory sociology,
social service systems,
New Testament religion,
interpersonal communications skills,
group dynamics,
anatomy and physiology,
microbiology,
introductory allied health chemistry.

The nine products listed above are in the ERIC system; copies are also housed with the contractor (the Baptist College of Charleston, Charleston, S.C.) and with the funding agency (the U. S. Department of Education, Office of Vocational and Adult Education, Washington, D.C.)